

DOCUMENT TRANSMITTAL SHEET

DATE: _____

Page _____ of _____

TO: MICROFILM SUPERVISOR

FROM: _____ (Name)

_____ (Section # and Name)

_____ Room No.

BOX #

RECORD TITLE

DESCRIPTION*

SHOP DRAWINGS

PROJECT NO.

*(identify contents by
inclusive dates, letters
of alphabet, etc.)

For Microfilm Personnel Use: Approval by

_____ (initials)

_____ (date)

Date boxes picked up _____

STORAGE

of boxes _____

MICROFILM

Box number(s) _____

will be stored for a period of

_____ year(s) and will be

destroyed on _____

Box number(s) _____

will be filmed by _____;

original records will be destroyed

on _____

Microfilm Personnel (signature)